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the principle can be applied on the international plane, perhaps regulating immigration and access to raw materials upon just principles ; ending perhaps the tensions that spring from the fear and threat of over-spilling populations. But that is another story.

Not Less Science, But More

I have tried thus far to show, if only theoretically, how man can yet escape from the horns of Sir Charles Darwin's awful dilemma. Whether in fact he will escape is a different matter. But there is at least one avenue of hope. Its exploration continues. There is a growing acceptance among influential groups of the attitude I have been endeavouring, as best I can, to describe. The cure for our troubles is not less science but more. But there is indeed much to be discovered—by the economists, how to measure a man's due, by the psychologists (to use their own colourless phrase), how to change a man's social norms. But let us have no more evangelizing. If science dic-

tates a change of beliefs, let them be changed in a scientific way. The metamorphosis, however, is of no small order. For the system I have envisaged means a revolution in the climate of thought of catholic, communist and socialist alike. Perhaps it is too late, or perhaps the change is too tremendous. Perhaps we and our descendants will see another convulsion of civilization comparable to the decline and fall of Rome, for often falling back a step seems a condition of the world's advance. We live in a time of vast uncertainties and perplexities with little guiding light. But by what light we have the aim of eugenic reform seems not a hopeless or unworthy aim to follow. I cannot do better in conclusion than to quote the words of Galton : " Man is gifted with pity and other kindly feelings ; he has also the power of preventing many kinds of suffering. I conceive it to fall well within his province to replace Natural Selection by other processes that are more merciful and not less effective. This is precisely the aim of eugenics."

GENETICS AND DISEASE

by

TAGE KEMP, M.D.

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The first edition of *A Marriage Manual* was fully reviewed in this journal in October 1935; the book has been out of print in this country for many years, and the present revised edition incorporates recent advances in the understanding of the problems of sex and marriage both from the physiological and psychological points of view. In the Foreword to the second edition Dr. Abraham Stone writes of his wife and co-author, Dr. Hannah Stone, whose untimely death in 1941 was a great loss to the marriage consultation movement in America. Dr. C. P. Blacker writes the introduction to this edition which, as before, takes the form of

questions and answers between a young couple and their doctor.

Controlled Parenthood was first published in 1944. The second chapter describes eugenic reasons for contraception and deals lucidly with the hereditary diseases including those such as asthma which do not constitute a eugenic barrier to procreation.

The bulk of the book deals very thoroughly with the chemical and mechanical methods of birth control and includes a safe-period chart after Latz and Reiner. It is copiously illustrated and adequately indexed.

K. H.

POPULATION STUDIES

Edited by D. V. GLASS

Vol. VI. No. 2

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ALAN T. PEACOCK. Theory of Population and Modern Economic Analysis—I.

N. KEYFITZ. Differential Fertility in Ontario. An application of Factorial Design to a Demographic Problem.

L. T. BADENHORST. Territorial Differentials in Fertility in the Union of South Africa—1911-1936.

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ovulation, the pathway to be traversed by the germ cells, the invasion of the cervical mucus by spermatozoa at intercourse, and the preparation of the endometrium for nidation are the objects of the special tests.

The male factor in the infertile marriage is the subject of H. A. Davidson's contribution. More than 8 per cent of all men tested were found to be quite sterile, 60 per cent more were subfertile and only some 25 per cent were graded as normally fertile. Faulty delivery of semen through coital inadequacy is mentioned, but more attention is paid to faulty semen. The post-coital test screens the fully adequate males from the rest and when unsatisfactory indicates the imperative need for seminal analysis. This should report on the period of abstinence before production of the specimen, the method of collection (condom specimens are quite unreliable), and the age at the time of examination; the semen volume; the density of spermatozoa, their motility and morphology. The importance of repeated analyses in subfertile cases is emphasized. The writer feels that testicular biopsies should be made on all azoospermic and oligospermic men. (This view is by no means universally held.)

H. H. Fouracre Barns discusses the cervical factor in fertility. He describes the changing characteristics of cervical mucus during the menstrual cycle and points out its maximum receptivity at the time of ovulation. He then discusses various forms of cervical dysfunction—hormonal, chemical and infective. He believes that excessive secretion of the alkaline cervical mucus may be responsible for the development of the ubiquitous cervical erosion, on which inflammation is usually superimposed. Treatment of these various conditions is outlined.

The tubal factor in female subfertility is discussed by Linton Snaith. The anatomy and physiology of the Fallopian tube is summarized and the two main methods of testing tubal patency—insufflation with CO₂ and salpingography—are considered; the relative advantages of each are described. Most attention, however, is paid to the interpretation of these tests, and the various pitfalls are mentioned. The leading mistake in diagnosis is, without doubt, to conclude that there is obstruction when utero-tubal spasm has prevented the passage of gas or radio-opaque medium. A mention is made of the risks involved in carrying out these tests; properly performed, the risk is very small. Doubts are expressed on the therapeutic value, often claimed, for tests of tubal patency.

Margaret Hadley Jackson writes on clinical methods of determining ovulation, which are (i) endometrial biopsy in the (presumed) luteal phase of the cycle; (ii) study of the basal temperature chart, and (iii) the examination of cervical mucus. Other methods, such as the examination of vaginal smears, the estimation of urinary

pregnanediol and so on are also mentioned. Except for the rat ovary hyperæmia test, all can show only that ovulation *has* occurred—or at any rate, that a corpus luteum is functioning—and none show when it is about to occur, which would be the piece of information of greatest importance for aiding conception.

Infertility due to coital difficulties receives a brief survey by Joan Malleson. Complete failure of consummation, often not even admitted by the patients, may exist to the extent of 4 or 5 per cent of infertile couples. Inaccessibility of the cervix may prevent adequate insemination, as may spasm of the introitus or upper part of the vagina; flexion of the thighs helps to prevent these. Mention is then made of impotence, precipitancy and non-ejaculation. A method for dealing with some of these problems is described: the wife inseminates herself, using her husband's ejaculated semen introduced by means of a special glass syringe.

G. I. M. SWYER.

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